



STATE OF IOWA
MASTER AGREEMENT
Contract Declaration and Execution

EFFECTIVE BEGIN DATE: 03-01-2009
 EXPIRATION DATE: 02-28-2010
 PAGE: 1 of 3

VENDOR:

Smart Practice
G/S Sales Division
3400 E McDowell
Phoenix, AZ 85008
USA

VENDOR CONTACT:

Susan Barker
PHONE: 800-762-7877 **EXT:**
EMAIL: barker@smarthealth.com

ISSUER:

JEANETTE CHUPP
PHONE: 515-281-6288
EMAIL: Jeanette.Chupp@iowa.gov

FOB FOB Dest, Freight Prepaid

Contract For: Gloves, Nitrile Examination Gloves

The parties agree to comply with the terms and conditions on the following attachments which are by this reference made a part of the Agreement.

ATTACHMENT 1. General Terms and Conditions for Goods Contracts posted at web-site:

http://das.gse.iowa.gov/terms_goods.pdf

ATTACHMENT 2 and 3: On file with the Iowa Department of Administrative Services, General Services Enterprise.

ATTACHMENT 2: Contractor's Response to Competitive Bid RFB 0707245041 of February 16, 2007.

ATTACHMENT 3: Contractor's Cost Proposal response to RFB 0707245041 of February 16, 2007.

Payment Terms: Net 30 days

FOB: Destination

Minimum Order: 200 Cases of Mixed Sizes..(Medium, Medium/Large, or Large, or Extra-Large)

Packaging: 1,000 Gloves per case (10 dispenser boxes of 100 each)

Glove Description: "QualiTouch Nitrile PF", Nitrile Examination Gloves, Powder-Free, Ambidextrous, WHITE color.

Four (4) Available Sizes:

- 1.) Medium, Re-order No. 41-513
- 2.) Medium/Large (105 mm width) Re-Order No. 41-514
- 3.) Large (111 mm width) Re-Order No. 41-515
- 4.) X-Large (120 mm width) Re-Order No. 41-516

Contact: Susan Barker Phone 800-762-7877 ext. 280, or FAX 877-269-0119

E-Mail: Barker@SmartHealth.com

Web-Site: SmartPractice.com

RENEWAL OPTIONS

FROM 03-01-2010 **TO** 02-28-2011

FROM 03-01-2011 **TO** 02-29-2012

AUTHORIZED DEPARTMENT

ALL

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		STATE OF IOWA	
CONTRACTOR'S NAME (If other than an individual, state whether a corp., partnership, etc.)		AGENCY NAME	
BY (Authorized Signature)	Date Signed	BY (Authorized Signature)	Date Signed
Printed Name and Title of Person Signing		Printed Name and Title of Person Signing	
Address		Address	



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LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE
1	0.00000		4754148 GLOVES, EXAMINATION, NITRILE, IMPERVIOUS TO BLOOD & BODY FLU GLOVES, EXAMINATION, NITRILE, IMPERVIOUS TO BLOOD & BODY FLU Quali-Touch PF, Nitrile Exam Gloves Powder Free, Ambidextrous, WHITE color. Packaged 1,000 Gloves per Case (10-Dispenser Boxes of 100 gloves each) Minimum Order: 200 Cases of mixed sizes. .	\$0.000000 \$0.000000
2	0.00000	CASE	4754148 GLOVES, EXAMINATION, NITRILE, IMPERVIOUS TO BLOOD & BODY FLU Quali-Touch PF, Nitrile Exam Gloves, No. 41-514 Size: Medium/Large (105 mm width) Re-Order No. 41-514 Powder Free, Ambidextrous, WHITE color. Packaged 1,000 Gloves per Case (10-Dispenser Boxes of 100 gloves each)	\$57.100000 \$0.000000
3	0.00000	CASE	47541482056 LARGE, 12 IN. LONG, 100/BOX Quali-Touch PF, Nitrile Exam Gloves, No. 41-515 Size: Large (111 mm width) Re-Order No. 41-515 Powder Free, Ambidextrous, WHITE color. Packaged 1,000 Gloves per Case (10-Dispenser Boxes of 100 gloves each)	\$57.100000 \$0.000000
4	0.00000	CASE	47541483005 X-LARGE, 11 IN. LONG, 6 MIL., LOW POWDER Quali-Touch PF, Nitrile Exam Gloves, No. 41-516 Size: Extra-Large (120 mm width), Re-Order No. 41-516 Powder Free, Ambidextrous, WHITE color. Packaged 1,000 Gloves per Case (10-Dispenser Boxes of 100 gloves each)	\$57.100000 \$0.000000
5	0.00000	CASE	47541481256 MEDIUM, AMBIDEXTROUS, LATEX FREE, POWDER FREE, ROLL CUFF BEA Quali-Touch PF, Ntrile Exam Gloves, No. 41-513 Size: Medium Re-Order No. 41-513 Powder Free, Ambidextrous, WHITE color. Packaged 1,000 Gloves per Case (10-Dispenser Boxes of 100 gloves each)	\$57.100000 \$0.000000



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TERMS AND CONDITIONS

Terms & Conditions Goods

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